## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 29, 1999

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN			
FC	70		<del>, ' ' '</del> '	Column 1) ER FILED		(Colu	IMN 2)	_	YPE		OR	SMALL	ENTITY
			NOIVIDE	TH FILLS		NOMBELL	EXTRA	R.	ATE	FEE	]	RATE	FEE
BA	ASIC FEE		<u> </u>	*						345.00	OR		690.00
TC	OTAL CLAIMS		20	minus	s 20=	*		X	\$ 9=		OR	X\$18=	
	DEPENDENT CL				ıs 3 =	*		X	39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+1	30=		OR	+260=	
* If	the difference	in colu	ımn 1 is	less than ;	zero, (	enter "0" in c	olumn 2		TAL		OR	TOTAL	690
	С	LAIM	S AS A	MENDE	.D - F	PART II				L	1-	OTHER	
	Y		lumn 1)	<del></del>		Column 2)				ENTITY	OR	SMALL	
ENT A	\	REM AF	LAIMS MAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*		Minus	**		=	X\$	§ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=	X	39=		OR	X78=	
	FIRST PRESE	.NTAHC	)N OF MU	JLTIPLE UE	EPENL	DENT CLAIM			20 =		1	080-	
									30= FOTAL		OR	+260=	
		· • · ·			,,				T. FEE	<u> </u>	OR ,	ADDIT. FEE	
		CL	umn 1) -AIMS	1 .		Column 2) HIGHEST	(Column 3)		<del></del> 7		. ,		
AMENDMENT B		REM AF	IAINING FTER NDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		=	X\$	9=		OR	X\$18=	
AME	Independent		== .41	Minus	***		=	ХЗ	9=		OR	X78=	
	FIRST PRESE	NTAIL	)N OF MU	JLTIPLE DE	EPEND	ENT CLAIM							
								+13	30= OTAL		OR	+260=	
								ADDIT			OR A	TOTAL ADDIT. FEE	
<del></del>			umn 1) AlMS	<del></del>		Column 2) HIGHEST	(Column 3)						
ENT C		REM.	IAINING FTER NDMENT		PR	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=	X\$	9=		OR	X\$18=	_ '
AME	Independent	*		Minus	***		-	X39	a_		-	X78=	
	FIRST PRESE	NTATIC	N OF MU	JLTIPLE DE	PEND	ENT CLAIM			<del>-</del> +		OR		
• p	f the entry in colur	mn 1 is le	ess than th	se entry in col	lumn 2.	write "0" in col	umn 3	+13			OR	+260=	
	lf the "Highest Nur If the "Highest Nur	mber Pre mber Pre	eviously Pareviously Pa	aid For" IN TH aid For" IN TH	HIS SPA	ACE is less than ACE is less than	n 20, enter "20." n 3. enter "3 "	ADDIT.	_			TOTAL ADDIT FEE	
- 1	The "Highest Num	iber Prev	hously Paid	d For" (Total c	or Inder	pendent) is the	highest number for	ound in t	he appr	opriate box	ın colu	ımn 1.	

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 475012

## Total Fee Calculation

Total Fee Calculation										
	r	Taul # Claims	Number Extra	<u>X</u>	Fcc	Fac	- Total			
	Fee Code Sm./Lg.				Sm. Entity	Lg Entry	. 690			
Basic Filing Fee	201/101					-				
Total Claims >20 .	203/101	20 :11		Х						
(iicependam =	202/102	-3 -		Х			1			
Mult. Dep Claim Present							130/65			
Surchings	205/105									
English Translation	110						820			
TOTAL FEE CALCU	LATION									
Fees due upon filin	g the application	ia.								
Total Filing Fees D	oue = S	820				-				
Less Filing Fees Sc	2 - Sənimdu	0								
BALANCE DUE	= \$	890								
<u>Smc</u>										
Office of Initial Pa	itent Examinat	1011								

Figure 7